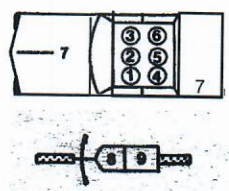


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

| | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|---|--|--|--|--|--|--|----------------------------|---|--|------------------------|--|
| LOCAL REPORT NO. 15-18617 | | <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 | | Lebanon Police | | 0830300 | | ODHS USE ONLY - 00 NOT MARK ABOVE | | | | LOCAL FILE NO. | | | | | |
| REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE | | NO OF VEH PEDESTRIANS INVOLVED 2 | | CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY | | COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150 | | HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED | | | | | | | | | |
| IN COUNTY OF WARREN | | IN <input checked="" type="checkbox"/> CITY | | LEBANON | | DATE OF CRASH: 10 23 15 | | DAY FRI | | TIME: MILITARY 0852 | | | | | | | |
| CRASH OCCURRED ON 414 E. Main ST. Lebanon, OH, 45036 | | | | | | | | | | | | | WITHIN THE INTERSECTION OF | | | | |
| IF NOT IN INTERSECTION _____ MILES _____ FEET W N E S OF _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) | | | | | | | | | | | | | CITY CODE | | | | |
| LOG-1 | | LOG-2 | | LOC JUR FH9 FILT | | | | | | | | | | | | | |
| A UNIT NO. 1 | | NO OF OCCUPANTS | | OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input checked="" type="checkbox"/> HIT & RUN NON CONTACT <input checked="" type="checkbox"/> | | INSURANCE CO OR AGENT | | CSAA General Ins CO/201 | | | | | | | | | |
| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) | | | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) | | | | | | | | | | | |
| PHONE NO. | | BIRTH DATE | | AGE SEX | | SOCIAL SECURITY NO. | | STATE | | DRIVER'S LICENSE NO. | | | OCCUPATION | | | | |
| OWNER (IF SAME AS DRIVER, WRITE SAME) Brady, Carol, J | | | | | | ADDRESS 414 E. Main ST., Lebanon, OH, 45036 | | | | | | | PHONE 513-258-8199 | | | | |
| VEH YR 2006 | | MAKE Merz | | MODEL C230 | | COLOR Whi | | STYLE 4D | | STATE OH | | LICENSE PLATE NO. B795648 | | TOWING SERVICE N/A | | VEH/PED DIR FROM TO | |
| CIRCLE DAMAGE AREAS 1 2 3 4 5 6 7 8 | | 9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER | | DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING | | DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY | | VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED | | FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE | | | | | | | |
| 8 UNIT NO. | | NO OF OCCUPANTS | | OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/> | | INSURANCE CO. OR AGENT | | | | | | | | | | | |
| DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) | | | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) | | | | | | | | | | | |
| PHONE NO. | | BIRTHDATE | | AGE SEX | | SOCIAL SECURITY NO. | | STATE | | DRIVER'S LICENSE NO. | | OCCUPATION | | | | | |
| OWNER (IF SAME AS DRIVER, WRITE SAME) | | | | | | ADDRESS | | | | | | PHONE | | | | | |
| VEH YR | | MAKE | | MODEL | | COLOR | | STYLE | | STATE | | LICENSE PLATE NO. | | TOWING SERVICE | | VEH/PED DIR FROM TO | |
| CIRCLE DAMAGE AREAS 1 2 3 4 5 6 7 8 | | 9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER | | DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING | | DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY | | VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED | | FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE | | | | | | | |
| C FROM UNIT NO. | | NAME (LAST, FIRST, MI) | | | | BIRTHDATE | | AGE | | POSITION | | | | INJURIES | | | |
| | | ADDRESS | | | | PHONE | | SEX | | A B C D E F | | | | A B C D E F | | | |
| D FROM UNIT NO. | | NAME (LAST, FIRST, MI) | | | | BIRTHDATE | | AGE | |  | | | | 1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED | | | |
| | | ADDRESS | | | | PHONE | | SEX | | | | | | | | | |
| E FROM UNIT NO. | | NAME (LAST, FIRST, MI) | | | | BIRTHDATE | | AGE | | P-PEDESTRIAN | | | | CONDITION A B C D E F 1 2 3 4 5 6 7 8 9 10 11 12 | | | |
| | | ADDRESS | | | | PHONE | | SEX | | | | | | | | | |
| F FROM UNIT NO. | | NAME (LAST, FIRST, MI) | | | | BIRTHDATE | | AGE | | RESTRAINTS A B C D E F 1 2 3 4 5 6 7 8 9 10 11 12 | | | | ALCOHOL A B C D E F 1 2 3 4 5 6 7 8 9 10 11 12 | | | |
| | | ADDRESS | | | | PHONE | | SEX | | | | | | | | | |
| A B C | | INJURED TAKEN TO | | | | By | | EJECTION A B C D E F 1 2 3 4 5 6 7 8 9 10 11 12 | | | | DRUGS A B C D E F 1 2 3 4 5 6 7 8 9 10 11 12 | | | | | |
| D E F | | INJURED TAKEN TO | | | | By | | | | | | | | | | | |
| A B C | | OFFENSE CHARGED AND DESCRIPTION | | | | By | | 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED | | | | 1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN | | | | | |
| D E F | | OFFENSE CHARGED AND DESCRIPTION | | | | By | | | | | | | | | | | |
| A B C | | OFFENSE CHARGED AND DESCRIPTION | | | | By | | 1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE | | | | 1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG | | | | | |
| D E F | | OFFENSE CHARGED AND DESCRIPTION | | | | By | | | | | | | | | | | |
| RECEIVED CALL 0852 | | DISPATCHED 0854 | | ARRIVED 0900 | | CLEARED 0927 | | OTHER TIME 0000 | | TOTAL MINUTES 00Off | | | | | | | |
| DATE REPORT FILED 10/23/15 | | PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | OFFICER'S NAME Ptl. Crockett Brummett | | BADGE NO. 111 | | CHECKED BY | | | | | | | | | |